

# **DIVISION OF TUBERCULOSIS CONTROL**

## **Newcomer Health Program**

### **FREQUENTLY ASKED QUESTIONS**

Aliens at various stages of their immigration and their testing for tuberculosis (TB) process seem to prompt many questions from local health district (LHD) personnel. Usually, all refugee and TB classified new alien arrival notifications are received by the Division of Tuberculosis Control (DTC), Newcomer Health Program (NHP). Once received, the information is entered into several databases and then the notification is forwarded onto the LHD where the alien has indicated they will resettle. At times, for one reason or another, NHP does not receive the notification, the alien or alien family may report to the LHD requesting an initial health assessment or some TB related health service. At other times, the alien or alien family may have been referred to the LHD by a civil surgeon performing the medical examination for the immigration process. What follows attempts to explain differences in the immigration process, the various stages of immigration, and what DTC and NHP consider the appropriate TB related services for various alien categories.

### **Definitions:**

- *Alien:* a person from another country, who does not hold U.S. citizenship. Usually, an alien enters the U.S. lawfully, usually as any of the following.
- Lawful Permanent Resident (LPR): an immigrant given legal status to reside in the U.S.
- *Immigrant:* a person who intends to reside permanently in the U.S. An immigrant is given lawful permanent resident status by the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).
- *Classified Alien:* an alien with a health condition (“Class A” condition or “Class B” condition). A health condition identified at the overseas medical examination. The consular officer (overseas) will stamp the face of the alien’s visa indicating that the immigrant has a medical condition of public health concern. A “Class A” health condition requires that the alien receive a health waiver from the consular

office (overseas) to proceed with immigration. “Class A” or “Class B” health conditions require the alien to report to the local health department upon arrival into the U.S.

- *Nonimmigrant*: a person in the U.S. for a temporary stay (for example a student or tourist).
- *Undocumented alien*: A person that entered the U.S. without legal permission.

*For more see the Newcomer Health Program Manual at this website.*

### **Physicians Providing Medical Examinations to Aliens:**

- **Panel Physician**: is a physician contracted overseas by the U.S. Department of State (DOS) to provide the immigration medical examination to persons intending to immigrate to the U.S. The cost or charge for this medical examination is set by the physician and is always borne by the alien. The cost should be reasonable and customary.
- **Civil Surgeon**: is a physician on contract with the U.S. Citizenship and Immigration Service (USCIS) to provide a medical examination (necessary for immigration and at time change of legal status) in the U.S. The cost or charge for this medical examination is set by the physician and is always borne by the alien. The cost should be reasonable and customary.

### **Description of Frequently Encountered Immigration Categories:**

- *U.S. Citizen*: U.S. citizenship is granted at birth to persons born in the US. If born abroad the person must have at least one U.S. citizen parent. Additionally, an LPR can also become a citizen through the naturalization process. Naturalized citizens have virtually the same rights as citizens born in the U.S.
- *Lawful Permanent Resident (LPR)*: Aliens who lawfully immigrate to the US and have permission to live and work permanently in the U.S. They can travel outside the U.S. and return, as long as they do not abandon their U.S. residence. An LPR can apply for naturalization to become a U.S. citizen after living in the U.S. for five years (three if married to a US citizen). USCIS documents that prove LPR

- status include a “green card” (I-151 or I-551), a re-entry permit (I-327), or a foreign passport with a stamp showing evidence of LPR status.
- *Refugee*: An alien given permission to come to the U.S. because of persecution if returned to their home country. Refugees are usually given an I-94 stamped “Admitted as a Refugee pursuant to section 207 of the INA ....”. They usually receive an authorization to work document at the port of entry also.
  - *Asylee*: A person already in the U.S. who fears persecution if they return or are deported to their home country. These persons may apply for either asylum or withholding of deportation. If granted asylum they are called an “asylee”. Persons granted asylum or withholding will have a decision letter from the USCIS or immigration judge as well as an I-94. The I-94 is stamped with status granted under section 208 of the INA
  - *Aliens with Employment Authorization*: Most aliens granted permission to remain in the US will also be granted USCIS work authorization on form I-94 or I-688B.
  - *Nonimmigrant*: Aliens who are allowed to enter the US for a specific purpose and for a limited period of time. Examples include tourists, students, and visitors on business. Non-immigrants, with intentions to remain in the U.S. for a time, are usually given an I-94 (Arrival/Departure Record) that indicates the nonimmigrant category under which they entered the country, how long they can stay, and whether they are authorized to work.
  - *Parolee or Entrant*: Usually Cuban or Haitian Entrants. I-94 may refer to section 212 (d) (5).
  - *Victims of Trafficking*: These victims now have the same benefits as asylees. A letter confirms certification pursuant to section 107 (b) of the Trafficking Victims Protection Act of 2000.
  - *Undocumented Alien*: An alien without USCIS permission to reside in the US.

#### **TUBERCULOSIS RELATED MANAGEMENT OF ALIENS:**

- An alien, with *any* immigration status, who presents to the LHD with TB-like symptoms or has an abnormal chest x-rays, indicative of pulmonary TB, *is*

*considered a TB suspect and should be treated accordingly.* That is, the LHD oversees the medical evaluation and treatment of the person and provides close case management of the individual.

- DTC can assist in providing, recommendations, and consultation for these persons or any other person suspected of having TB disease or infection.
- For aliens with a classified TB condition, DTC will cover the charge for their chest x-ray. DTC does not cover chest x-ray charges for refugees without a TB classified condition
- An alien desiring to adjust his/her legal residency status to some permanence and or is in the process to become a naturalized U.S. citizen. These aliens have usually resided in the U.S. for several years. DTC does not accept charges for these chest x-rays.
- The alien applies to the USCIS to begin the adjustment process. A step in this process is that the alien must undergo a domestic medical examination provided by a civil surgeon. The USCIS provides the alien instructions, the appropriate documents to complete, and a list of physicians, known as civil surgeons.

At times, the civil surgeon refers the alien to the health department for one or more components of the domestic medical exam. There is no mandate for LHD's to provide these services to these aliens. The alien may be referred back to the civil surgeon to complete the components of the medical exam or the LHD may choose to provide these services and a fee may be charged.

- Unless your health department is on contract with the USCIS as a civil surgeon, you may not complete the medical exam, only the components as requested by the civil surgeon.

*Aliens changing their legal status differ from classified aliens, refugees, or asylees.*

**Another group of aliens are classified aliens:**

- Classified aliens can be immigrants or refugees. These persons are classified with whatever medical condition they might have at the time of their overseas health examination. The classifications include Class B1, B2, and rarely Class A.
- All immigrants, received a medical examination overseas and if a “health condition” was determined they are then classified with a health condition. They may enter the U.S. once their “condition” is determined to not be a threat to public health or if a “Class A” with a waiver. As these aliens arrive in the U.S., they are instructed to report to their local health department upon resettlement. DTC NHP usually receives notification of these classified alien arrivals.
- DTC NHP is most concerned with those recently arrived aliens with a TB classified condition or TB Class A, Class B1, or Class B2. Most likely but not always DTC NHP has been notified of the alien’s arrival into Virginia and the condition. DTC NHP forwards this information to the local health district or jurisdiction that the alien has indicated as their destination.
- The notification consists of a goldenrod color federal form (75.17/18), along with a medical visa, the federal form (DS2053 or OF 157). The classified condition is listed on these forms.
- For each notification DTC mails out to districts, the Newcomer Health Program our office attaches a guideline sheet and a self addressed envelope for the district to use in reporting the outcome of the evaluation.
- *An alien classified with a TB condition is considered a TB suspect until ruled otherwise.* Those with a “TB Class A” condition actually have TB disease and many times are taking anti-tuberculous therapy.
- The majority of the “TB Class B1” or “B2” aliens will need treatment for recurrent or old TB disease, or for latent TB infection (LTBI).
- Districts are encouraged not to charge the TB classified alien for the TST, sputum examinations, chest film(s), film interpretation(s), recommendations, or follow up management.
- Another group of aliens are refugees. Asylees and parolees are included in this group. When asylees and parolees are “given” their residency status they are

eligible for the same benefits as refugees. For refugees, DTC usually receives these new arrival notifications also from quarantine stations. These aliens are eligible to receive a refugee health assessment within the first eight months of their entry into the U.S. or if they haven't already received a health assessment in another state and Virginia is their secondary destination. To have the health assessment started within 30 days is a goal the DOS sets for the VOLAGs. DTC generates a refugee health assessment form for each refugee upon receiving the arrival notification. DTC then forwards all the information to the health district that covers the area for the destination listed.

- Health Districts are encouraged to provide initial health assessments to these refugee aliens upon their arrival into the U.S. Conditions of public health significance are the purview of the public health department. Health departments can best perform these initial health assessments. At the very least, the refugee alien should receive an evaluation for TB disease and/or infection and be offered treatment accordingly. Their vaccine history should also be evaluated and updated as necessary.
- The Newcomer Health Program reimburses local health districts for each health assessment provided to new refugee arrivals. These aliens should not be charged for their TST, chest film(s), interpretation, or any other component of the refugee health assessment. The district is reimbursed for the health assessment charges by either the Newcomer Health Program with a flat rate per Level completed or the client's Medicaid program. On the assessment form, the district must state its decision to which payment source they intend to bill. This cannot be changed after submission of the form to DTC.
- Charges for chest films or interpretation for refugee aliens are not charged to DTC. However, when a refugee is suspected of having TB disease or is a classified alien (TB Class B1 or B2, or rarely a TB Class A) as in # 2 above,

DTC can be charged for the film (up to \$30.00). DTC will recommendations for treatment as needed.

- Persons with newly certified as an asylee or Victim of Trafficking will present at local health departments. The central office is not notified of these persons. The LHD should copy these persons' letter of certification and I-94 (front and back). As they are eligible for the same services as refugees, the LHD should fax copies of these documents to the central office with a request for a refugee health assessment form.

### **Blanket Civil Surgeon Authority**

- Lastly, once refugees (but not including asylees and parolees) have lived in the U.S. for one year, they must choose to either remain in the U.S. or return home. To choose to remain in the U.S. the refugee must also change their residency status with the USCIS. Many refugees and civil surgeons think these immigrant aliens need a complete USPHS medical examination at this point. ***They do not.*** To change their legal status, the refugee needs only to submit the vaccination sign off component (SUPPLEMENTAL FORM TO I-693) of the USPHS medical examination. The USCIS provides the form(s) to the refugee alien.

*In 1998, the U.S. Department of State (DOS) and the Department of Justice (DOJ) offered a blanket designation to health departments as Civil Surgeons for refugees adjusting status under section 209 of the Immigration and Nationality ACT. In other words, refugees may report to LHD's to have the form I-693 completed. A licensed MD employed by the LHD or a health director that is a licensed MD may sign the form. The LHD is encouraged to complete these forms for refugees. Once completed and signed it is placed into the envelope the INS provides and sealed. The refugee submits it to the USCIS. The LHD may choose to charge the client a flat fee for this service or choose not to charge the client at all.*

A reason this blanket authority to health departments has been authorized by the U.S. DOS and DOJ is that BCIS and others were aware that some civil surgeons were charging the same fee to complete the I-693 form as for the USPHS medical examination. In those situations where the USPHS medical examination was not necessary, the costs to the refugees and refugee families became quite large and unnecessary.

Other interesting information:

The U.S. receives over 300,000 immigrants annually. Of these, nearly 50,000 are refugees. In previous years, refugees from Africa were about 9% of the total, but in 2001 this is expected to be closer to 25%. Nearly all of these African refugees are expected to come from sub-Saharan Africa.

Immigrants enter the U.S. through more than 300 ports of entry. Health papers that belong to classified aliens and refugees are electronically routed through the eight Quarantine sites where the USPHS reviews the information. These Quarantine sites are not manned 24 hours a day, usually just at peak hours.

The U.S. government issues visas to more than 30 million persons yearly. Most of these are for students, tourists, or temporary workers (e.g. agricultural, service industry, and various technical workers). None of these immigrants are required to have a USPHS medical examination overseas nor in the U.S. Some have permission to work legally and some do not. The type of visa issued to them usually clarifies these issues. If at a later time these immigrants choose to change their legal residency status, they will need to follow the process as enforced by the USCIS.

The U.S. is a favorite destination for many people including some that do not go through normal channels. The number of undocumented aliens entering the U.S. is unknown.

The Newcomer Health Program hopes this clarifies some of the questions involving immigrants and refugees. Each immigrant/refugee may have different follow up needs.



If you have comments or questions regarding this information, or others related to aliens, please feel free to e-mail Newcomer Health or call our office.

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